

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/15/2024
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NAME OF PROVIDER OR SUPPLIER ALEDO REHAB & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET ALEDO, IL 61231
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Original Investigation of Complaint 2423635/IL172934	S 000		
S9999	Final Observations Statement of Licensure Violations 300.690b) 300.690c) 300.690 Accidents and Incidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This Requirement was NOT MET as evidenced	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
06/08/24

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S9999	<p>Continued From page 1</p> <p>by:</p> <p>Based on record review and interview the facility failed to notify the local State reporting agency of a fall with injury for one resident (R1) of three residents reviewed for falls with injury.</p> <p>Findings Include:</p> <p>The Facility's "Fall" policy dated 2006 documents the Director of Nursing will "report reportable incidents to the DCops, Submit reportable incidents to (local state reporting agency) under the direction of the DCops."</p> <p>On 5/15/24 at 12:15 PM V1 (Administrator) stated that "DCops" is Director of Clinical Operations and that when the facilities notify them that they (DCops) would follow State and Federal regulations regarding what to report."</p> <p>R1's Nurse's Notes dated 4/30/24 document that R1 had a fall with a resulting laceration and hematoma to the left upper forehead. R1 refused medical treatment at that time.</p> <p>R1's Nurse's Notes document that on 5/7/24 R1 became more lethargic and more confused than normal and that V4 (R1's Health Care Power of Attorney) requested R1 be evaluated in the Emergency Room and R1 was sent to the local Emergency Room.</p> <p>R1's Discharge papers from the local Emergency Room dated 5/7/24 documents that R1 had cellulitis to the left upper forehead area where the laceration was. The Discharge Papers document that the cellulitis affected the laceration on the residents head that she sustained during the fall on 4/30/24.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On 5/15/24 at 11:15 AM V2 (Director of Nursing) stated "I am new to this job and did not know that (R1's infected laceration from a fall sustained while at the facility) would require me to notify (the local state reporting agency)."</p> <p>On 5/15/24 at 12:00 PM V1 (Administrator) stated "(R1)'s fall with the head wound should have been reported to (the local state reporting agency) when she went to the Emergency Room and received medical attention related to the fall. (5/7/24)."</p> <p>(C)</p>	S9999		